

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sharan et al.

Attorney Docket No.: CISC215/3614

Application No.: 09/935,238

Examiner: CHANG, RICHARD

Filed: August 21, 2001

Group: 2616

Title: APPARATUS AND METHOD FOR
SNIFFING DATA IN A CABLE HEAD END

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, Attention: Examiner CHANG, RICHARD at facsimile number 571-273-8300 on March 7, 2007.

Signed: _____

Natalie Morgan

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed October 10, 2006 finally rejecting Claims 1-54.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

03/08/2007 TL0111 00000068 500388 09935238
01 FC:1401 500.00 DA
02 FC:1252 450.00 DA

<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input checked="" type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

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MAR 07 2007

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

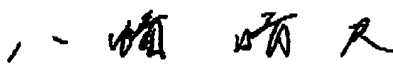
Total Fee Due

Notice of Appeal Fee	\$500
Extension Fee (if any)	\$450
Total Fee Due	\$950

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees or credit any overpayment to Deposit Account No. 500388, (Order No. CISC215).

Respectfully submitted,
BEYER WEAVER LLP


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